

AMENDED IN ASSEMBLY APRIL 4, 2005

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 1549

Introduced by Assembly Member Koretz

February 22, 2005

An act to amend Sections 139.2, 3209.3, and 4616.4 of the Labor Code, relating to workers' compensation.

LEGISLATIVE COUNSEL'S DIGEST

AB 1549, as amended, Koretz. Workers' compensation: qualified medical evaluators and independent medical reviewers.

Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of his or her employment.

Existing law requires the administrative director to appoint qualified medical evaluators in each of the respective specialties as required for the evaluation of medical-legal issues, and to contract with individual physicians or an independent medical review organization to perform independent medical reviews in connection with the use of medical provider networks.

This bill would permit acupuncturists meeting certain requirements to be appointed by the administrative director as qualified medical evaluators, and would permit psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice to enter into contracts with the administrative director to be independent medical reviewers.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 139.2 of the Labor Code is amended to read:

139.2. (a) The administrative director shall appoint qualified medical evaluators in each of the respective specialties as required for the evaluation of medical-legal issues. The appointments shall be for two-year terms.

(b) The administrative director shall appoint or reappoint as a qualified medical evaluator a physician, as defined in Section 3209.3, who is licensed to practice in this state and who demonstrates that he or she meets the requirements in paragraphs (1), (2), (7), and (8), and, if the physician is a medical doctor, doctor of osteopathy, doctor of chiropractic, *acupuncturist*, or a psychologist, that he or she also meets the applicable requirements in paragraph (3), (4), ~~or (5)~~ (5), or (6).

(1) Prior to his or her appointment as a qualified medical evaluator, passes an examination written and administered by the administrative director for the purpose of demonstrating competence in evaluating medical-legal issues in the workers' compensation system. Physicians shall not be required to pass an additional examination as a condition of reappointment. A physician seeking appointment as a qualified medical evaluator on or after January 1, 2001, shall also complete prior to appointment, a course on disability evaluation report writing approved by the administrative director. The administrative director shall specify the curriculum to be covered by disability evaluation report writing courses, which shall include, but is not limited to, 12 or more hours of instruction.

(2) Devotes at least one-third of total practice time to providing direct medical treatment, or has served as an agreed medical evaluator on eight or more occasions in the 12 months prior to applying to be appointed as a qualified medical evaluator.

(3) Is a medical doctor or doctor of osteopathy and meets one of the following requirements:

(A) Is board certified in a specialty by a board recognized by the administrative director and either the Medical Board of California or the Osteopathic Medical Board of California.

1 (B) Has successfully completed a residency training program
2 accredited by the American College of Graduate Medical
3 Education or the osteopathic equivalent.

4 (C) Was an active qualified medical evaluator on June 30,
5 2000.

6 (D) Has qualifications that the administrative director and
7 either the Medical Board of California or the Osteopathic
8 Medical Board of California, as appropriate, both deem to be
9 equivalent to board certification in a specialty.

10 (4) Is a doctor of chiropractic and meets either of the
11 following requirements:

12 (A) Has completed a chiropractic postgraduate specialty
13 program of a minimum of 300 hours taught by a school or
14 college recognized by the administrative director, the Board of
15 Chiropractic Examiners and the Council on Chiropractic
16 Education.

17 (B) Has been certified in California workers' compensation
18 evaluation by a provider recognized by the administrative
19 director. The certification program shall include instruction on
20 disability evaluation report writing that meets the standards set
21 forth in paragraph (1).

22 (5) Is a psychologist and meets one of the following
23 requirements:

24 (A) Is board certified in clinical psychology by a board
25 recognized by the administrative director.

26 (B) Holds a doctoral degree in psychology, or a doctoral
27 degree deemed equivalent for licensure by the Board of
28 Psychology pursuant to Section 2914 of the Business and
29 Professions Code, from a university or professional school
30 recognized by the administrative director and has not less than
31 five years' postdoctoral experience in the diagnosis and treatment
32 of emotional and mental disorders.

33 (C) Has not less than five years' postdoctoral experience in the
34 diagnosis and treatment of emotional and mental disorders, and
35 has served as an agreed medical evaluator on eight or more
36 occasions prior to January 1, 1990.

37 (6) ~~If an acupuncturist,~~ *Is an acupuncturist and* meets either of
38 the following requirements:

1 (A) Has completed an acupuncture postgraduate specialty
2 program of a minimum of 300 hours taught by a provider
3 recognized by the administrative director.

4 (B) Has been certified in California to conduct workers'
5 compensation evaluations by a provider recognized by the
6 administrative director. The certification program shall have
7 included instruction on disability evaluation report writing that
8 meets the standards set forth in paragraph (1).

9 (7) Does not have a conflict of interest as determined under
10 the regulations adopted by the administrative director pursuant to
11 subdivision (o).

12 (8) Meets any additional medical or professional standards
13 adopted pursuant to paragraph (6) of subdivision (j).

14 (c) The administrative director shall adopt standards for
15 appointment of physicians who are retired or who hold teaching
16 positions who are exceptionally well qualified to serve as a
17 qualified medical evaluator even though they do not otherwise
18 qualify under paragraph (2) of subdivision (b). In no event shall a
19 physician whose full-time practice is limited to the forensic
20 evaluation of disability be appointed as a qualified medical
21 evaluator under this subdivision.

22 (d) The qualified medical evaluator, upon request, shall be
23 reappointed if he or she meets the qualifications of subdivision
24 (b) and meets all of the following criteria:

25 (1) Is in compliance with all applicable regulations and
26 evaluation guidelines adopted by the administrative director.

27 (2) Has not had more than five of his or her evaluations that
28 were considered by a workers' compensation administrative law
29 judge at a contested hearing rejected by the workers'
30 compensation administrative law judge or the appeals board
31 pursuant to this section during the most recent two-year period
32 during which the physician served as a qualified medical
33 evaluator. If the workers' compensation administrative law judge
34 or the appeals board rejects the qualified medical evaluator's
35 report on the basis that it fails to meet the minimum standards for
36 those reports established by the administrative director or the
37 appeals board, the workers' compensation administrative law
38 judge or the appeals board, as the case may be, shall make a
39 specific finding to that effect, and shall give notice to the medical
40 evaluator and to the administrative director. Any rejection shall

1 not be counted as one of the five qualifying rejections until the
2 specific finding has become final and time for appeal has
3 expired.

4 (3) Has completed within the previous 24 months at least 12
5 hours of continuing education in impairment evaluation or
6 workers' compensation-related medical dispute evaluation
7 approved by the administrative director.

8 (4) Has not been terminated, suspended, placed on probation,
9 or otherwise disciplined by the administrative director during his
10 or her most recent term as a qualified medical evaluator.

11 If the evaluator does not meet any one of these criteria, the
12 administrative director may in his or her discretion reappoint or
13 deny reappointment according to regulations adopted by the
14 administrative director. In no event may a physician who does
15 not currently meet the requirements for initial appointment or
16 who has been terminated under subdivision (e) because his or her
17 license has been revoked or terminated by the licensing authority
18 be reappointed.

19 (e) The administrative director may, in his or her discretion,
20 suspend or terminate a qualified medical evaluator during his or
21 her term of appointment without a hearing as provided under
22 subdivision (k) or (l) whenever either of the following conditions
23 occurs:

24 (1) The evaluator's license to practice in California has been
25 suspended by the relevant licensing authority so as to preclude
26 practice, or has been revoked or terminated by the licensing
27 authority.

28 (2) The evaluator has failed to timely pay the fee required by
29 the administrative director pursuant to subdivision (n).

30 (f) The administrative director shall furnish a physician, upon
31 request, with a written statement of its reasons for termination of,
32 or for denying appointment or reappointment as, a qualified
33 medical evaluator. Upon receipt of a specific response to the
34 statement of reasons, the administrative director shall review his
35 or her decision not to appoint or reappoint the physician or to
36 terminate the physician and shall notify the physician of its final
37 decision within 60 days after receipt of the physician's response.

38 (g) The administrative director shall establish agreements with
39 qualified medical evaluators to assure the expeditious evaluation

1 of cases assigned to them for comprehensive medical
2 evaluations.

3 (h) (1) When requested by an employee or employer pursuant
4 to Section 4062.1, the medical director appointed pursuant to
5 Section 122 shall assign three-member panels of qualified
6 medical evaluators within five working days after receiving a
7 request for a panel. If a panel is not assigned within 15 working
8 days, the employee shall have the right to obtain a medical
9 evaluation from any qualified medical evaluator of his or her
10 choice. The medical director shall use a random selection method
11 for assigning panels of qualified medical evaluators. The medical
12 director shall select evaluators who are specialists of the type
13 requested by the employee. The medical director shall advise the
14 employee that he or she should consult with his or her treating
15 physician prior to deciding which type of specialist to request.

16 (2) The administrative director shall promulgate a form that
17 shall notify the employee of the physicians selected for his or her
18 panel after a request has been made pursuant to Section 4062.1 or
19 4062.2. The form shall include, for each physician on the panel,
20 the physician's name, address, telephone number, specialty,
21 number of years in practice, and a brief description of his or her
22 education and training, and shall advise the employee that he or
23 she is entitled to receive transportation expenses and temporary
24 disability for each day necessary for the examination. The form
25 shall also state in a clear and conspicuous location and type:
26 "You have the right to consult with an information and assistance
27 officer at no cost to you prior to selecting the doctor to prepare
28 your evaluation, or you may consult with an attorney. If your
29 claim eventually goes to court, the workers' compensation
30 administrative law judge will consider the evaluation prepared by
31 the doctor you select to decide your claim."

32 (3) When compiling the list of evaluators from which to select
33 randomly, the medical director shall include all qualified medical
34 evaluators who meet all of the following criteria:

35 (A) He or she does not have a conflict of interest in the case,
36 as defined by regulations adopted pursuant to subdivision (o).

37 (B) He or she is certified by the administrative director to
38 evaluate in an appropriate specialty and at locations within the
39 general geographic area of the employee's residence.

1 (C) He or she has not been suspended or terminated as a
2 qualified medical evaluator for failure to pay the fee required by
3 the administrative director pursuant to subdivision (n) or for any
4 other reason.

5 (4) When the medical director determines that an employee
6 has requested an evaluation by a type of specialist that is
7 appropriate for the employee's injury, but there are not enough
8 qualified medical evaluators of that type within the general
9 geographic area of the employee's residence to establish a
10 three-member panel, the medical director shall include sufficient
11 qualified medical evaluators from other geographic areas and the
12 employer shall pay all necessary travel costs incurred in the event
13 the employee selects an evaluator from another geographic area.

14 (i) The medical director appointed pursuant to Section 122
15 shall continuously review the quality of comprehensive medical
16 evaluations and reports prepared by agreed and qualified medical
17 evaluators and the timeliness with which evaluation reports are
18 prepared and submitted. The review shall include, but not be
19 limited to, a review of a random sample of reports submitted to
20 the division, and a review of all reports alleged to be inaccurate
21 or incomplete by a party to a case for which the evaluation was
22 prepared. The medical director shall submit to the administrative
23 director an annual report summarizing the results of the
24 continuous review of medical evaluations and reports prepared
25 by agreed and qualified medical evaluators and make
26 recommendations for the improvement of the system of medical
27 evaluations and determinations.

28 (j) After public hearing pursuant to Section 5307.3, the
29 administrative director shall adopt regulations concerning the
30 following issues:

31 (1) (A) Standards governing the timeframes within which
32 medical evaluations shall be prepared and submitted by agreed
33 and qualified medical evaluators. Except as provided in this
34 subdivision, the timeframe for initial medical evaluations to be
35 prepared and submitted shall be no more than 30 days after the
36 evaluator has seen the employee or otherwise commenced the
37 medical evaluation procedure. The administrative director shall
38 develop regulations governing the provision of extensions of the
39 30-day period in both of the following cases:

1 (i) When the evaluator has not received test results or
2 consulting physician's evaluations in time to meet the 30-day
3 deadline.

4 (ii) To extend the 30-day period by not more than 15 days
5 when the failure to meet the 30-day deadline was for good cause.

6 (B) For purposes of subparagraph (A), "good cause" means
7 any of the following:

8 (i) Medical emergencies of the evaluator or evaluator's family.

9 (ii) Death in the evaluator's family.

10 (iii) Natural disasters or other community catastrophes that
11 interrupt the operation of the evaluator's business.

12 (C) The administrative director shall develop timeframes
13 governing availability of qualified medical evaluators for
14 unrepresented employees under Sections 4061 and 4062. These
15 timeframes shall give the employee the right to the addition of a
16 new evaluator to his or her panel, selected at random, for each
17 evaluator not available to see the employee within a specified
18 period of time, but shall also permit the employee to waive this
19 right for a specified period of time thereafter.

20 (2) Procedures to be followed by all physicians in evaluating
21 the existence and extent of permanent impairment and limitations
22 resulting from an injury in a manner consistent with Section
23 4660.

24 (3) Procedures governing the determination of any disputed
25 medical treatment issues in a manner consistent with Section
26 5307.27.

27 (4) Procedures to be used in determining the compensability of
28 psychiatric injury. The procedures shall be in accordance with
29 Section 3208.3 and shall require that the diagnosis of a mental
30 disorder be expressed using the terminology and criteria of the
31 American Psychiatric Association's Diagnostic and Statistical
32 Manual of Mental Disorders, Third Edition-Revised, or the
33 terminology and diagnostic criteria of other psychiatric
34 diagnostic manuals generally approved and accepted nationally
35 by practitioners in the field of psychiatric medicine.

36 (5) Guidelines for the range of time normally required to
37 perform the following:

38 (A) A medical-legal evaluation that has not been defined and
39 valued pursuant to Section 5307.6. The guidelines shall establish
40 minimum times for patient contact in the conduct of the

1 evaluations, and shall be consistent with regulations adopted
2 pursuant to Section 5307.6.

3 (B) Any treatment procedures that have not been defined and
4 valued pursuant to Section 5307.1.

5 (C) Any other evaluation procedure requested by the Insurance
6 Commissioner, or deemed appropriate by the administrative
7 director.

8 (6) Any additional medical or professional standards that a
9 medical evaluator shall meet as a condition of appointment,
10 reappointment, or maintenance in the status of a medical
11 evaluator.

12 (k) Except as provided in this subdivision, the administrative
13 director may, in his or her discretion, suspend or terminate the
14 privilege of a physician to serve as a qualified medical evaluator
15 if the administrative director, after hearing pursuant to
16 subdivision (l), determines, based on substantial evidence, that a
17 qualified medical evaluator:

18 (1) Has violated any material statutory or administrative duty.

19 (2) Has failed to follow the medical procedures or
20 qualifications established pursuant to paragraph (2), (3), (4), or
21 (5) of subdivision (j).

22 (3) Has failed to comply with the timeframe standards
23 established pursuant to subdivision (j).

24 (4) Has failed to meet the requirements of subdivision (b) or
25 (c).

26 (5) Has prepared medical-legal evaluations that fail to meet
27 the minimum standards for those reports established by the
28 administrative director or the appeals board.

29 (6) Has made material misrepresentations or false statements
30 in an application for appointment or reappointment as a qualified
31 medical evaluator.

32 No hearing shall be required prior to the suspension or
33 termination of a physician's privilege to serve as a qualified
34 medical evaluator when the physician has done either of the
35 following:

36 (A) Failed to timely pay the fee required pursuant to
37 subdivision (n).

38 (B) Had his or her license to practice in California suspended
39 by the relevant licensing authority so as to preclude practice, or
40 had the license revoked or terminated by the licensing authority.

1 (l) The administrative director shall cite the qualified medical
2 evaluator for a violation listed in subdivision (k) and shall set a
3 hearing on the alleged violation within 30 days of service of the
4 citation on the qualified medical evaluator. In addition to the
5 authority to terminate or suspend the qualified medical evaluator
6 upon finding a violation listed in subdivision (k), the
7 administrative director may, in his or her discretion, place a
8 qualified medical evaluator on probation subject to appropriate
9 conditions, including ordering continuing education or training.
10 The administrative director shall report to the appropriate
11 licensing board the name of any qualified medical evaluator who
12 is disciplined pursuant to this subdivision.

13 (m) The administrative director shall terminate from the list of
14 medical evaluators any physician where licensure has been
15 terminated by the relevant licensing board, or who has been
16 convicted of a misdemeanor or felony related to the conduct of
17 his or her medical practice, or of a crime of moral turpitude. The
18 administrative director shall suspend or terminate as a medical
19 evaluator any physician who has been suspended or placed on
20 probation by the relevant licensing board. If a physician is
21 suspended or terminated as a qualified medical evaluator under
22 this subdivision, a report prepared by the physician that is not
23 complete, signed, and furnished to one or more of the parties
24 prior to the date of conviction or action of the licensing board,
25 whichever is earlier, shall not be admissible in any proceeding
26 before the appeals board nor shall there be any liability for
27 payment for the report and any expense incurred by the physician
28 in connection with the report.

29 (n) Each qualified medical evaluator shall pay a fee, as
30 determined by the administrative director, for appointment or
31 reappointment. These fees shall be based on a sliding scale as
32 established by the administrative director. All revenues from fees
33 paid under this subdivision shall be deposited into the Workers'
34 Compensation Administration Revolving Fund and are available
35 for expenditure upon appropriation by the Legislature, and shall
36 not be used by any other department or agency or for any
37 purpose other than administration of the programs the Division of
38 Workers' Compensation related to the provision of medical
39 treatment to injured employees.

1 (o) An evaluator may not request or accept any compensation
2 or other thing of value from any source that does or could create
3 a conflict with his or her duties as an evaluator under this code.
4 The administrative director, after consultation with the
5 Commission on Health and Safety and Workers' Compensation,
6 shall adopt regulations to implement this subdivision.

7 SEC. 2. Section 3209.3 of the Labor Code is amended to
8 read:

9 3209.3. (a) "Physician" includes physicians and surgeons
10 holding an M.D. or D.O. degree, psychologists, acupuncturists,
11 optometrists, dentists, podiatrists, and chiropractic practitioners
12 licensed by California state law and within the scope of their
13 practice as defined by California state law.

14 (b) "Psychologist" means a licensed psychologist with a
15 doctoral degree in psychology, or a doctoral degree deemed
16 equivalent for licensure by the Board of Psychology pursuant to
17 Section 2914 of the Business and Professions Code, and who
18 either has at least two years of clinical experience in a recognized
19 health setting or has met the standards of the National Register of
20 the Health Service Providers in Psychology.

21 (c) When treatment or evaluation for an injury is provided by
22 a psychologist, provision shall be made for appropriate medical
23 collaboration when requested by the employer or the insurer.

24 (d) "Acupuncturist" means a person who holds an
25 acupuncturist's certificate issued pursuant to Chapter 12
26 (commencing with Section 4925) of Division 2 of the Business
27 and Professions Code.

28 ~~(e) Any acupuncturist who has met all the requirements in~~
29 ~~paragraph (6) of subdivision (b) of Section 139.2 may determine~~
30 ~~disability for the purposes of Article 2.3 (commencing with~~
31 ~~Section 4616) and Article 3 (commencing with Section 4650) of~~
32 ~~Chapter 2 of Part 2, or under Section 2708 of the Unemployment~~
33 ~~Insurance Code.~~

34 SEC. 3. Section 4616.4 of the Labor Code is amended to
35 read:

36 4616.4. (a) (1) The administrative director shall contract
37 with individual physicians, as described in subdivision (a) of
38 Section 3209.3, or an independent medical review organization
39 to perform independent medical reviews pursuant to this section.

1 (2) The administrative director shall ensure that the
2 independent medical reviewers or those within the review
3 organization shall do all of the following:

4 (A) Be appropriately credentialed and privileged.

5 (B) Ensure that the reviews provided by the medical
6 professionals are timely, clear, and credible, and that reviews are
7 monitored for quality on an ongoing basis.

8 (C) Ensure that the method of selecting medical professionals
9 for individual cases achieves a fair and impartial panel of
10 medical professionals who are qualified to render
11 recommendations regarding the clinical conditions consistent
12 with the medical utilization schedule established pursuant to
13 Section 5307.27, or the American College of Occupational and
14 Environmental Medicine's Occupational Medicine Practice
15 Guidelines.

16 (D) Ensure that confidentiality of medical records and the
17 review materials, consistent with the requirements of this section
18 and applicable state and federal law.

19 (E) Ensure the independence of the medical professionals
20 retained to perform the reviews through conflict-of-interest
21 policies and prohibitions, and ensure adequate screening for
22 conflicts of interest.

23 (3) Medical professionals selected by the administrative
24 director or the independent medical review organizations to
25 review medical treatment decisions shall be physicians, as
26 specified in subdivision (a) of Section 3209.3, who meet the
27 following minimum requirements:

28 (A) The medical professional shall be a clinician
29 knowledgeable in the treatment of the employee's medical
30 condition, knowledgeable about the proposed treatment, and
31 familiar with guidelines and protocols in the area of treatment
32 under review.

33 (B) Notwithstanding any other provision of law, the medical
34 professional shall hold a nonrestricted license in any state of the
35 United States, and for physicians, a current certification by a
36 recognized American medical specialty board in the area or areas
37 appropriate to the condition or treatment under review.

38 (C) The medical professional shall have no history of
39 disciplinary action or sanctions, including, but not limited to, loss

1 of staff privileges or participation restrictions taken or pending
2 by any hospital, government, or regulatory body.

3 (b) If, after the third physician's opinion, the treatment or
4 diagnostic service remains disputed, the injured employee may
5 request independent medical review regarding the disputed
6 treatment or diagnostic service still in dispute after the third
7 physician's opinion in accordance with Section 4616.3. The
8 standard to be utilized for independent medical review is
9 identical to that contained in the medical treatment utilization
10 schedule established in Section 5307.27, or the American
11 College of Occupational and Environmental Medicine's
12 Occupational Medicine Practice Guidelines, as appropriate.

13 (c) Applications for independent medical review shall be
14 submitted to the administrative director on a one-page form
15 provided by the administrative director entitled "Independent
16 Medical Review Application." The form shall contain a signed
17 release from the injured employee, or a person authorized
18 pursuant to law to act on behalf of the injured employee,
19 authorizing the release of medical and treatment information. The
20 injured employee may provide any relevant material or
21 documentation with the application. The administrative director
22 or the independent medical review organization shall assign the
23 independent medical reviewer.

24 (d) Following receipt of the application for independent
25 medical review, the employer or insurer shall provide the
26 independent medical reviewer, assigned pursuant to subdivision
27 (c), with all information that was considered in relation to the
28 disputed treatment or diagnostic service, including both of the
29 following:

30 (1) A copy of all correspondence from, and received by, any
31 treating physician who provided a treatment or diagnostic service
32 to the injured employee in connection with the injury.

33 (2) A complete and legible copy of all medical records and
34 other information used by the physicians in making a decision
35 regarding the disputed treatment or diagnostic service.

36 (e) Upon receipt of information and documents related to the
37 application for independent medical review, the independent
38 medical reviewer shall conduct a physical examination of the
39 injured employee at the employee's discretion. The reviewer may
40 order any diagnostic tests necessary to make his or her

1 determination regarding medical treatment. Utilizing the medical
2 treatment utilization schedule established pursuant to Section
3 5307.27, or the American College of Occupational and
4 Environmental Medicine's Occupational Medicine Practice
5 Guidelines, as appropriate, and taking into account any reports
6 and information provided, the reviewer shall determine whether
7 the disputed health care service was consistent with Section
8 5307.27 or the American College of Occupational and
9 Environmental Medicine's Occupational Medicine Practice
10 Guidelines based on the specific medical needs of the injured
11 employee.

12 (f) The independent medical reviewer shall issue a report to
13 the administrative director, in writing, and in layperson's terms to
14 the maximum extent practicable, containing his or her analysis
15 and determination whether the disputed health care service was
16 consistent with the medical treatment utilization schedule
17 established pursuant to Section 5307.27, or the American College
18 of Occupational and Environmental Medicine's Occupational
19 Medicine Practice Guidelines, as appropriate, within 30 days of
20 the examination of the injured employee, or within less time as
21 prescribed by the administrative director. If the disputed health
22 care service has not been provided and the independent medical
23 reviewer certifies in writing that an imminent and serious threat
24 to the health of the injured employee may exist, including, but
25 not limited to, serious pain, the potential loss of life, limb, or
26 major bodily function, or the immediate and serious deterioration
27 of the injured employee, the report shall be expedited and
28 rendered within three days of the examination by the independent
29 medical reviewer. Subject to the approval of the administrative
30 director, the deadlines for analyses and determinations involving
31 both regular and expedited reviews may be extended by the
32 administrative director for up to three days in extraordinary
33 circumstances or for good cause.

34 (g) The independent medical reviewer's analysis shall cite the
35 injured employee's medical condition, the relevant documents in
36 the record, and the relevant findings associated with the
37 documents or any other information submitted to the reviewer in
38 order to support the determination.

1 (h) The administrative director shall immediately adopt the
2 determination of the independent medical reviewer, and shall
3 promptly issue a written decision to the parties.

4 (i) If the determination of the independent medical reviewer
5 finds that the disputed treatment or diagnostic service is
6 consistent with Section 5307.27 or the American College of
7 Occupational and Environmental Medicine's Occupational
8 Medicine Practice Guidelines, the injured employee may seek the
9 disputed treatment or diagnostic service from a physician of his
10 or her choice from within or outside the medical provider
11 network. Treatment outside the medical provider network shall
12 be provided consistent with Section 5307.27 or the American
13 College of Occupational and Environmental Medicine's
14 Occupational Practice Guidelines. The employer shall be liable
15 for the cost of any approved medical treatment in accordance
16 with Section 5307.1 or 5307.11.

O